CONTRACT #8 RFS # 318.66-022

Department of F&A/Bureau of TennCare

VENDOR:
Premier Behavioral Health

Systems of Tennessee, LLC



STATE OF TENNESSEE BUREAU OF TENNCARE 729 CHURCH STREET NASHVILLE, TENNESSEE 37247-6501

February 1, 2005

Mr. Jim White, Director Fiscal Review Committee G-19 War Memorial Building Nashville, TN 37243

Attention: Leni Chick

RE: Bureau of TennCare Contracts Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for review by the Fiscal Review Committee the behavioral health contract amendments listed below. Each of these contractors provide behavioral health services to enrollees in the TennCare Partners Program. These amendments transfer methadone benefits to the BHOs throughout the term of the contracts and changes the references to Early Periodic Screening, Diagnosis and Treatment (EPSDT) to TENNderCare. Additionally, these amendments modify appeals language to meet the Balanced Budget Act regulations included in CMS Checklist for Managed Care Contract Approval as well as broaden the Title VI language regarding Non-Compliance discrimination. The maximum liability and capitation rates have been adjusted as necessary due to changes in enrollment.

Behavioral Health Organization	Current Funding	Amended <u>Funding</u>
Tennessee Behavioral Health, Inc. FA-05-16089-01 Tennessee East Grand Region	\$260,132,262.00	\$254,586,310.00
Tennessee Behavioral Health, Inc. FA-01-14661-10	\$753,538,570.00	\$759,084,522.00
Premier Behavioral Health Systems Of Tennessee, LLC FA-01-14662-11	\$1,119,939,714.00	\$1,125,485,666.00

Mr. Jim White, Director Fiscal Review Committee Page 2

The amendment of these contracts is necessary to continue with the Behavioral Health services provided by the TennCare Program. We would greatly appreciate the approval of these amendments by the Fiscal Review Committee.

Sincerely,

Keith Gaither

Deputy Chief Financial Officer

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED				
Commissioner of Finance	ce & Adr	ninistrat	ion	
Date:				

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RES# 318.66-0	22		
STATE AGENCY NAME	Department of Finance and A Bureau of TennCare	Administratio	1
SERVICE CAPTION:	Behavioral Health Organizati TennCare/Medicaid Populati	ons Providin	g Medically Necessary Behavioral Services to the
CONTRACT #	FA-01-14662-00		PROPOSED AMENDMENT # 11
CONTRACTOR:	Premier Behavioral Health S	ystems of Te	ennessee, LLC
CONTRACT START DATE		01/01/2001	
CURRENT, LATEST POSS (including ALL options to ex	IBLE END DATE : tend)	12/31/2005	
CURRENT MAXIMUM LIAE		\$1,119,939	,714.00
LATEST POSSIBLE END I (including ALL options to ex	DATE WITH PROPOSED AME tend)	ENDMENT :	12/31/2005
TOTAL MAXIMUM COST V	VITH PROPOSED AMENDME tend)	ENT :	\$1,125,485,666.00
APPROVAL CRITERIA : (select one)	use of Non-Competit	tive Negotia	tion is in the best interest of the state
	only one uniquely qu	ualified serv	ice provider able to provide the service
ADDITIONAL REQUIRED	REQUEST DETAILS BELOW	/ (address e	ach item immediately following the requirement text)
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Treatment (EPSDT) to TEN	(NderCare. Additionally, this Chooklist for Managed Care	amenument Contract Ap	ges the references to Early Periodic Screening, Diagnosis and modifies appeals language to meet the Balanced Budget Act proval as well as broaden the Title VI language regarding Nonshave been adjusted as necessary.

(2) explanation of need for the proposed amendment:	
This amendment is needed in order to order to be compliant with CMS regulations and remove exclusions provide for the transfer of methal	ons regarding regarding non-compliance and Balanced adone benefits to the BHO.
(3) name and address of the proposed contractor's principal owner(s): (not required if proposed contractor is a state education institution)	
Dr. Russ Petrella, Chief Operating Officer Magellan Behavioral Health 199 Pomeroy Road, 3rd Floor Parsippany, New Jersey 07054	and the second
(4) documentation of OIR endorsement of the Non-Competitive procurem (required only if the subject service involves information technology)	ient request:
select one: Documentation Not Applicable to this Request	Documentation Attached to this Request
(5) documentation of Department of Personnel endorsement of the Non-(required only if the subject service involves training for state employees)	Competitive procurement request:
select one: Documentation Not Applicable to this Request	Documentation Attached to this Request
(6) description of procuring agency efforts to identify reasonable, compe non-competitive negotiation :	etitive; procurement alternatives rather than to use
This contract for Behavioral Health Services for the State has been in effect si ensure that services to recipients will continue without interruption.	ince 2001. This amendment to the exisiting contract will
(7) justification of why the F&A Commissioner should approve a Non-Co	· · · · · · · · · · · · · · · · · · ·
The approval of this amendment by F&A will ensure the best interests of Ten providers that Premier Behavioral Health Systems currently has, TennCare is prevent any disruption of services to enrollees, as well as bring the contract in	COMMENT MALE MODING AND OF THE ABLACK THE
AGENCY HEAD REQUEST SIGNATURE: (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR—signature by an authorized signatory will be accepted only in documented exigent circumstances)	
SIGNATURE DATE:	图28. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10

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AMENDMENT NUMBER 11

PROVIDER RISK CONTRACT

BETWEEN

THE STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

AND

PREMIER BEHAVIORAL SYSTEMS OF TENNESSEE, LLC.

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Provider Risk Agreement by and between the State of Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as **TDMHDD**, and Premier Behavioral Systems, LLC hereinafter referred to as the **Contractor**, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

- 1. Section 1.2, Notice, shall be amended by deleting "Executive Director" following "Ann Boughtin" and replacing it with "General Manager".
- 2. Section 2.5.1, Table 1: Covered Behavioral Health Benefits shall be modified by deleting footnote number two and renumbering the remaining footnote accordingly.
- 3. The title to Section 2.5.7 shall be changed from "Early Periodic Screening, Diagnosis & Treatment" to "TENNderCare".
- 4. Section 2.5.7.1 shall be modified by adding the following after the second sentence, "The federal Early Periodic Screening, Diagnosis & Treatment (EPSDT) program shall be referred to as TENNderCare and all **Enrollee** and provider materials shall contain the term and logo for TENNderCare as of January 1, 2005."
- 5. With the exception of Section 2.5.7.1, all references to "Early Periodic Screening, Diagnosis & Treatment" and "EPSDT" in the CONTRACT shall be changed to "TENNderCare".
- 6. Beginning with the title to Section 3.4.2 and throughout the contract, statements regarding "cost sharing" or "cost share" responsibilities for Enrollees that do not already have the "**TennCare**" qualifier shall be clarified by adding **TennCare** before the word "cost".

- 7. Section 3.5.2.2 shall be amended by changing the last sentence to read, "The failure of the **Contractor** to act upon a request for prior approval within fourteen (14) calendar days, or twenty-one (21) calendar days if an extension is granted, shall result in automatic authorization of the requested, covered medically necessary service."
- 8. Section 3.6.2.1.1 shall be modified by adding the following two sentences to the beginning of the section, "The **Contractor** shall update or develop their member handbooks annually unless a longer period of time is approved by **TDMHDD**. As described by **TDMHDD**, the annual requirement to update and/or develop member handbooks may be delayed as the result of major modifications and/or reform efforts being implemented in the **TennCare** program."
- 9. Section 3.6.2.1.17 shall be amended by deleting the "and" at the end of the section, Section 3.6.2.1.18 shall be amended by deleting the period at the end and replacing it with "; and", and a new Section 3.6.2.1.19 shall be added that reads, "Notice to the Enrollee of the right to file a complaint as is provided for by Title VI or the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1975, the Age Discrimination Act of 1975, the Omnibus Budget Reconciliation Act of 1981 (P.E. 97-35) and a complaint form on which to do so."
- 10. Section 3.6.2.2 shall be amended by adding the following sentences to the end of the section, "Identification cards must be submitted to **TDMHDD** for prior approval, in accordance with Section 3.6.4. Prior to modifying an approved identification card, the **Contractor** shall submit for approval by **TDMHDD** a detailed description of the proposed modification."
- 11. Section 3.6.2.4.3 shall be amended by renumbering it 3.6.2.4.5. The new 3.6.2.4.3 shall read, "A notice to Enrollees of the right to file a complaint, as is provided for by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1975, the Age Discrimination Act of 1975, the Omnibus Budget Reconciliation Act of 1981 (P.E. 97-35), and a Contractor phone number for doing so. The notice in the newsletter shall be in English and in Spanish; and".
- 12. A new Section 3.6.2.4.4 shall be added that reads, "TENNderCare information, including but not limited to, encouragement to obtain screening and other preventive care services; and".

13. Section 3.7.1.2.10 shall be amended to read as follows:

A staff person who is responsible for non-discrimination compliance in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1975, the Age Discrimination Act of 1975, and the Omnibus Budget Reconciliation Act of 1981 (P.E. 97-35). Non-discrimination compliance need not be the sole function of the designated staff member. The **Contractor** shall identify the designated non-discrimination compliance staff member to **TDMHDD** by name. At such time this function is redirected, the name of the staff member who assumed the duties shall be reported in writing to **TDMHDD** within five (5) business days of the change.

14. Section 3.8.5.1 shall be amended to read as follows:

A listing of all providers enrolled in the **Contractor's** provider network including, but not limited to, agencies and individual physicians, mental health case management agencies, psychologists, licensed clinical social workers, registered nurses, nurse practitioners, certified alcohol and drug abuse counselors, other mental health or substance abuse professionals, pharmacies, hospitals, etc. This listing shall include regularly enrolled providers, specialty or referral providers, and any other provider which may be enrolled for purpose of payment for services provided out-of-plan. This information shall be reported in standardized formats as specified by **TennCare** and **TDMHDD** and transmitted accordingly to **TennCare** and **TDMHDD** on a monthly basis. The minimum data elements required by **TDMHDD** for this listing can be found in Attachment D.1 of this CONTRACT. Failure of the **Contractor** to provide monthly updates may result in the application of liquidated damages as described in Section 5.3.3 and Attachment E.

- 15. A new Section 3.9.2.54 shall be added that reads, "Require the provider to comply and submit to the Contractor disclosure of information in accordance with the requirements specified in 42 CFR, Part 455, Subpart B."
- 16.Section 3.12.2, Provider Enrollment Reporting, shall be amended by deleting "quarterly" and replacing it with "monthly" as it appears in the third sentence.
- 17. Section 3.17, Title VI Information, shall be re-titled "Non-Discrimination Compliance" and the section's paragraph shall be amended to read, "The **Contractor** shall provide instruction on non-discrimination compliance for its staff including, but not limited to, the designated staff person for civil rights, and all direct service subcontractors regarding the procedure. The **Contractor** shall further submit the following to **TDMHDD:**".
- 18. Section 3.17.1 shall be deleted in its entirety and the remaining sections shall be renumbered accordingly.

19. The newly renumbered Section 3.17.5, previously Section 3.17.6, shall be amended to read as follows:

On a quarterly basis, a listing of all complaints/appeals filed by employees, (when the complaint is related to **TennCare** benefits provided by the **Contractor**) **Enrollees**, providers, and subcontractors in which discrimination is alleged in the **Contractor's TDMHDD** Plan. Such listing shall include, at a minimum, the identity of the complainant, the circumstances of the complaint/appeal, date complaint/appeal filed, the complainant's relationship to the **Contractor**, **Contractor's** resolution, if resolved, and name of **Contractor** staff person responsible for adjudication of complaint/appeal.

- 20. The second sentence in Section 4.7.1, Maximum Liability and Allocation of Funds to this Contract, shall be amended to read, "In no event shall the maximum liability of the State for the **TennCare Partners Program** in the Middle and West Tennessee grand regions exceed two hundred eighty-six million, six hundred sixty-four thousand, forty-four (286,664,044.00) dollars for the contract period of July 1, 2004 through June 30, 2005."
- 21. Section 4.7.2.1, Calculation of Capitation Payments, shall be amended under the heading "Capitation Rates" to read as follows:

The following Capitation Rates and payment amounts shall be applicable to this CONTRACT.

For the period beginning July 1, 2004, the total amount of funding available for monthly capitation payments is derived from the maximum liability stated in 4.7.1 above. This amount shall be amended subject to actual funds appropriated by the State Legislature and allocated to this program by the Commissioner of the Department of Mental Health and Developmental Disabilities and **TennCare**. Each month **TennCare** will calculate the number of **TennCare** enrolled **Priority Enrollees**. The **Contractor** will receive the payment rate of \$317.60 for each **TennCare** enrolled **Priority Enrollee** in its plan from July 1, 2004 through June 30, 2005 less any applicable adjustments for coinsurance. The remaining amount available from the monthly capitation payment will be divided by the remaining **TennCare Partners Program Enrollees**, including State only **Enrollees** described in Section 2.2.3 of this CONTRACT, who are not enrolled in **TennCare**. A variable capitation rate will be determined for each of these **Enrollees** and paid to the BHO according to the number of **Enrollees** in its plan."

22. Step 1.2 in Section 4.7.2.1 shall be amended to read, "Each month through June 2005, each participating **TennCare Partners Program** for the Middle and West Grand Regions under this CONTRACT shall receive a payment of \$317.60 for each Priority Enrollee enrolled in their plan, as determined by **TennCare**."

23. The term Medically Necessary and its definition in Attachment A shall be amended to read as follows:

<u>Medical Necessity</u> — Services or supplies provided by an institution, physician, or other provider that are required to identify or treat an **Enrollee's** illness, disease, or injury and which are:

- a. Consistent with the symptoms or diagnosis and treatment of the Enrollee's illness, disease, or injury;
- b. Appropriate with regard to standards of good medical practice;
- c. Not solely for the convenience of an **Enrollee**, physician, institution or other provider;
- d. The most appropriate supply or level of services that can safely be provided to the **Enrollee**. When applied to the care of an inpatient, **Medically Necessary** further means services for the **Enrollee's** medical symptoms or condition require the services and cannot be safely provided to the **Enrollee** as an outpatient; and
- e. When applied to **TennCare Enrollees** under 21 years of age, services shall be provided in accordance with Early, Periodic Screening, Diagnosis and Treatment requirements including federal regulations as described in 42 CRF Part 441, Subpart B, and the Omnibus Budget Reconciliation Act of 1989.
- 24. Attachment B, Outpatient Mental Health, shall be modified by deleting "(under development)" following "must meet appropriate state licensure" under "Partial Hospitalization" for both the "Adult Standards" and the "Children and Adolescent Standards" sections.
- 25. The term "Participant" shall be changed to "Enrollee" throughout the contract.
- 26. Contract citations within the body of the contract affected by contents of this amendment shall be modified accordingly.

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective, or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS WHEREOF, the parties have by there duly authorized representatives set their signature.

N-B/F	1/11/05
Russell C. Petrella, Ph.D.	DATE
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Premier Holdings, Inc. Managing Member	
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2001		\$34,017,900.00	\$59,630,800.00				<u>.</u>			\$93,648,700.00
2002		\$74,061,006.00	\$129,837,429.00				·			\$203,898,435.00 \$255,489,800.00
2003		\$92,800,300.00	\$162,689,500.00				<u> </u>			\$285,784,687.00
2004	\$	101,603,601.00	\$184,181,086.00	<u> </u>						\$0.00
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Address	729 Chui 615-532-	ch Street Nashville,	<u> </u>					Is the Con	ractor	STARS?
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2001	\$3	34,017,900	0.00	\$59,6	30,800.00							\$93,648,7		00.00		
2002	\$	74,061,000	5.00	\$129,837,429.00								\$203,898,4		35.00		
2003	\$	\$92,800,300.00		\$162,6	\$162,689,500.00								\$255,489,800:			
	·											•				
Total:	\$20	\$200,879,206.00 \$352,157,729.00					\$553,036,93									
CFDA#	93.778	3					Check the box ONLY if the answer is YES:									
		State	Fiscal C	ontact		•	is the Contractor a SUBRECIPIENT? (per OMB A-133)									
Name:	ח מכל	Daniel Church St	reet				Is the Contractor a VENDOR? (per OMB A-133)									
Address: Phone:	Nash	ville, TN 532-1362			_		Is the Fiscal Year Funding STRICTLY LIMITED?									
Proc				icer App	roval Signa	ature	is the Contractor on STARS?									
							Is the Contractor's FORM W-9 ATTACHED?							<u> </u> .		
Dean Da	niel ' <i>l</i>	LRO	~	-W	2MK		Is the Contractors Form W-9 Filed with Accounts?									
	COMPL	ETE FOF	ALL A	MENDME	NTS (only)		Funding Certification									
 			se Conti		This Ame		Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commission Finance and Administration, do hereby certify that there is a balance							e in		
EN	D DATE	→ 06/3	0/2003				the appr not other	the appropriation from which this obligation is required to be paid that not otherwise encumbered to pay obligations previously incurred.								
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	To	tal: S	 553.036	.935.00									•			

	r: 318															
State Agenc	RFS Number: 318.66-022						Contract Number: FA-01-14662-03									
	State Agency: Department of Finance and Administration							Division: Bureau of TennCare								
	Contractor Identification Number															
Premier Beha	avioral He	Contract ealth Systems	X V- 621641638 00													
					Service De	scription	on									
Behavioral H	iealth Org	janization Serv	vioral S	ervio	es to the	TennCa	are/Med	dicaid Popul	ation							
		Contract Beg	in Date						Cont	tract E	nd Date			$\overline{}$		
01/01/2001						06/30/	2003					C. vla mus		-1-		
Allotment C	ode	Cost Center	Obje	ct Code	Fu	nd	+_	Gran		Ģra	ant Code	Subgr	ant Co	ode		
318.66	13	31 .	134		11			on ST	ARS	l	7 1 10)				
FY	State	Funds	Federal	Funds	Interder Fu	artmen Inds	tal	Othe	r Fund	ing /		Contract Amour ALL amendme		nts)		
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2003		300,300.00	\$162,689,500.00							2000	\$255,489,800					
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Total:	\$200,	\$200,879,206.00 \$352,157,729.00					\$553,036,935.00									
	93.778				<u> </u>		. 2		Check	(the b	ox ONLY if	the answ	er is Y	ſES:		
		State Fiscal	Contact			Is the Contractor a SUBRECIPIENT? (per OMB A-133) X										
Name:	Is the Contractor a VENDOR? (per OMB A-133)															
Address: Phone:		Is the Fiscal Year Funding STRICTLY LIMITED?														
Procur	(615) 53	ncy Budget Of	ficer App	roval Sign	ature	Is the Contractor on STARS?										
						Is the Contractor's FORM W-9 ATTACHED?										
Dean Danie	el De	n David	77-			Is the Contractors Form W-9 Filed with Accounts?										
\\\ c	OMPLE	TE FOR ALL A	MENDME	NTS (only)		Funding Certification										
1 ×		Base Con	tract &	This Am	endment ILY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in										
ENIT	DATE -		1 Hol Allonalite				the appropriation from which this obligation is required to be paid not otherwise encumbered to pay obligations previously incurred							1, 15		
END DATE →		\$93,648,700.00									•					
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Contract	Number	FA-01-1466	62-02		e¥ : Tadyps	State Agency Department of Finance and Administration								
RFS Nun		318.66-022		Division Bureau of TennCare										
12 digit 12 Ang 1 hay	1 548	Cont	or ID N	lumber	interfection of									
Premier	Behaviora	l Health Syste	ems of Tenne	essee, LLC		X V— 621641638 00								
	ar William		April 1985	Control of the law.	Service De	escription	走練的				不能行行			
Behavior	Behavioral Health Organization Services/Medically necessary Behavioral Services to the TennCare/Medicaid Population													
42.种种	Contract Begin Date Contract End Date													
January 1, 2001 June 30, 2003														
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318.	.66	139	all and a state of the state of	134	1		Sand Free	on STARS		S. artierin (1971 e. 19		·		
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Page 1	HIPOTELSTICS	ear Funding		· Additional College		CFDA N								
	Contrac	tor is on STA	RS					State	Fiscal	Contact				
	Current	Form W-9 Or	i File With A	Accounts		Name	Ι	Dean Daniel	-					
	OR	9 Attached				Address	7	729 Church St	reet, N	ashville, TN				
						Phone :	M ((615)532-1362	!			•		
	Service	Provider Rec	jistered with	n F&A		Pro	curing	g Agency Bud	lget O	fficer Approv	/al Sigr	nature		
х	Contrac	tor is a SUBF ned by OMB (ECIPIENT				200		3 m	ر) نور	iolii	da		
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Contrac	t End Dat	initial and the second		06/30/03	- a manufacture of the	the appro	priatio	in from which the noumbered to pa	is oblig	ation is require	ed to be	paid that is		
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! ***	t Number	FA-01-,	14662-01	State Tennessee Department of Finance and Administration Department of Mental Health and Developmental Dispblities										
RPS:Number 318.66-022						Division 318 66								
a takan tan 180	· · ·	Contract	lor	4.5	Vendor D'Number									
Premier	Behavion	il Health Systems	of Tennassee, LLC	,	∑ V— 621841638-00									
	,				Description 200									
Behavio	ral Health	Organization Serv	ices/Medically nece	ssary Beha	avioral Servi	ices to t	the TennCa	re/Med	icaid Popula	tion				
1.47.		Confract Beg	in Date	america 1 Marie e al je			Conf	bract E	nd Date					
January	1, 2001				June 30, 3	2003	•							
Alloime	nt Code	Cost Center	Object Code	j Fi	ond:	····c	rant	- Gr	ant Code	Subgrant Code				
318	1.66	139	134		11	o	n STARS]						
FY	Stat	e Funds	Federal Funds		parimental unds	C	Other Funding		Total Co	ontract Amount' ALL 'amendments)				
2001		\$34,017,900	\$59,630,800				*************			\$93,648,700				
2002		\$74,025,594	\$129,775,341							\$203,800,935				
2003		\$74,025,594	\$129,775,341	. ,,					· .	\$203,800,935				
·					*									
Total	\$	182,069,086	\$319,187,482	,		 				\$501,250,670				
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	Fiecal Y	ear Funding is S	hictly Limited		CFDA Nu	mbor	93.778							
	Contrac	toris on STARS	The second secon		State Fiscal Contact									
		Form W-9 On File	e With Accounts		Name Dean Daniel									
	CR.	9 Attached			Phone 729 Church Street, Nashville TN 37247-6501									
ш	1 5137 41				, richter.	(B1)	5) 532-1362							
	Service	Provider Registe	red with F&A		Procuring Agency Budget Officer Approval Signature									
\boxtimes	Confree	tor is a SUBRECI	PIENT		4/	1/1	and the second	·	·.·					
<u> </u>	(as defir	ed by OMB Circu	lat A-133)		But Valles									
	OM DI-ET	E COD ALT AN	ENDMENTS (onl		Funding Certification									
	CIMIT LE	Base Contra												
		Prior Amendo			Pursuant to T.C.A. Section 9-8-113. I, C. Warren Neet, Commissioner of Finance and Administration, do hereby certify that there is a balance in the									
•		23.4			appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred									
Contract	End Dub	December 31,		003		.54	ار	g=	,, 111					
	2001	\$93,64	****	\$0		7 7	line							
FY	2002	\$93,64	8,700 \$110	152,235	(_									
	2003	-	\$203	,800,935						2-1				
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Contrac	t Number	FA-01-	-14662	State Agency										
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The second			actor		Vendor ID Number									
Premier	Behaviora	al Health Syster	ms of Tennesse	∑ V— 621641638-00										
Pillas Es	Linkley or	The state of the s			Service D	 escription	1		g of d	tues trappy said (1994) Trappy and trappy		070.250.25		
Behavior	ral Health	Organization S	ervices/Medica		- A 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		es to	the TennCa	re/Med	icaid Populati	on	The fire while very		
and a state of	Contract Begin Date													
January	1, 2001					December	31, 2	2001	•					
Allotme	nt Code	⊚ Cost Cente	or / Object	t Code	FLU	nd 🔏 🔠		Grant :	Gra	int Code	Subgra	int Code		
318	.66	139	13	134		1	(on STARS		soft-yel - Chimini 200 C. W in July	stier, de lé Meu	CO PERSONAL		
FY:	Sta	te Funds	Federal Fi			artmental inds		Other Fund	ng	Total Co (including <u>A</u>	<u>LL</u> amei	ndments)		
2001		\$34,017,900		30,800						\$93,648,700				
2002		\$34,017,900	\$59,6	\$59,630,800						\$93,648,700				
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Fotal	1 5 44 (1 8 6)	\$68,035,800	\$119,3 ************************************	261,600	PESSENTEN SESSE	nimental and all	244	的機能力學可能的機	rekesting	en er en de deutsche State				
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	Current Form W-9 On File With Accounts OR						Name Dean Daniel Address							
		V-9∗Attached		ent (ent in Tuling it is		Phone 729 Church Street, Nashville TN 37247-6501 (615) 532-1362								
	Service	Provider Reg	istered with F	&A		Procuring Agency Budget Officer Approval Signature								
		ctor is a SUBR ined by OMB) 1554) 454		But Auto								
15.33 C	OMPLE	TE FOR ALL	AMENDMEN	NTS (onl	y) fire	Funding Certification								
COMPLETE FOR ALL AMENDMENTS (only): Base Contract & This Amendment Prior Amendments ONLY						Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.								
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